MEN	IORANDUM			
From:				
To:	(1) Medical			
	(2) Dental			
Subj:	SCREENING	FOR ASSIGNMENT TO SEA DUTY		
Ref:	Ref: (a) BUPERS Order of (b) BUMED Washington DC 210129Z DEC 94 (c) MANMED Article 15-30			
		s the individual named below to transfer to sea duty. Per reference quired to be accomplished and documented prior to transfer to sea		
NAME	3:	RATE: SSN:		
DATE	OF BIRTH:	PRESENT COMMAND:		
PROSI	PECTIVE COM	MAND:		
		By direction		
		SCREENING RESULTS		
MED	ICAL		DENTAL	
	Men	ber is qualified for transfer to sea duty.		
	Men	ber is not qualified to transfer to sea duty due to:		
	Member is not qualified for sea duty at this time. Member should complete treatment and be available for transfer on		should	
Print	name of			
	ICAL Rep.			
Signature			Date:	
	name of			
DENTAL Rep.			Dotos	
Signature			Date:	

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